

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

Department of Administration – Office of Employee Benefits One Capitol Hill – 3rd Floor, Providence, RI 02908 Phone: (401) 574-8530 Fax: (401) 574-9281



GROUP TERM LIFE INSURANCE ENROLLMENT FORM

New Hire (Date of hire:)	Open	Enrollment		Qualified Status	Change	
Change from part-time to full-time employment status (Date of change:)						
Basic coverage = 1x annual salary up to \$150,000 Basic & Supplemental coverage = 2x annual salary up to \$300,000						
If you are a newly eligible employee you will be enrolled in be gaining eligibility to also elect supplemental coverage or waive at a later date, or if you initially waived all coverage and want applicant and you will need to apply for coverage using this for life insurance carrier. Life insurance coverage for late applicant by the State's life insurance carrier. The EOI process is handled	e coverage t to elect so rm and the nts is not e	entirely. If yo ome level of o n submit evic ffective unles	ou want to coverage dence of i	to add supplement at a later date, yo nsurability (EOI) to til the application	al coverage u are a late o the State's	
1. EMPLOYEE INFORMATION — Please print clearly and legibly						
NAME:		SSN:				
2. QUALIFIED STATUS CHANGE (Skip this section if you are a newly eligible employee) Event Date:	Supporting documentation must be submitted for all status changes within 31 calendar days of the status change event date					
☐ Marriage ☐ Divorce ☐ Death of Spouse	☐ Birth/Adoption ☐ Return from Leave of Absence			of Absence		
3. COVERAGE ELECTION — Check one						
Mote: You will be enrolled in Basic Coverage and premiums will be deducted from your paycheck unless you check this Waive box, sign below, and turn in this form to your Human Resources representative within 31 days of gaining eligibility. □ Secondary Coverage 2 and premiums will be deducted from your paycheck unless you check this Waive box, sign below, and turn in this form to your Human Resources representative within 31 days of gaining eligibility.						
(equivalent to one times your annual salary up to \$150,000)	nroll in Basic Coverage Only equivalent to one times your annual salary up to \$150,000)			Cancel Basic Coverage		
Enroll in Basic <i>and</i> Supplemental Coverage (equivalent to twice your annual salary up to \$300,000)			Cancel Supplemental Coverage			
4. PRE-TAX or AFTER TAX – Premiums for the first \$50,000 in on a pre-tax basis unless the below		_	automat	ically be deducted fr	om your pay	
☐ Deduct the first \$50,000 of group life coverage on an after tax basis.						
5. EMPLOYEE APPROVAL AND AUTHORIZATION:						
I hereby authorize the State of Rhode Island to deduct the applicable pren and correct to the best of my knowledge and understand that, by law, I c upon experiencing a qualified status change as defined by IRC § 125 status c coverage and I understand that I will have to apply and provide evidence o in the future. I understand that such a late application for life insurance cov I understand that if I am applying for life insurance coverage as a late appl provide evidence of insurability to the State's life insurance carrier and my is approved by the State's life insurance carrier.	an only chan change rules. If insurability verage may b licant (waived y life insurand	ge my pre-tax e If I am waiving o to the State's lif e denied by the d coverage at hi ce coverage will	election(s) or canceling e insuranc State's life ire or cance not be eff	during the open enroll g coverage, I do not wa e carrier if I want to en insurance carrier for n eled coverage after hir ective unless and until	Iment period or nt life insurance aroll in coverage nedical reasons. The improvement of	
Employee Signature:			Date:			

TO BE COMPLETED BY AGENCY HR STAFF:

Rev. July 2018 Union Code: _____ Payroll Account Number: _____